



# H.E.L.P. Suicide Intervention Protocol

School District 68 (Nanaimo-Ladysmith)

H.E.L.P. = History + Emotional Hurting + Loss + Plan

✓ Overview ✓ Protocols ✓ Assessor Document ✓ Safety Plan

## Stage One - Ask, "Is this a medical emergency?"

If you have reason to believe an individual may be suicidal, ask about and look for signs of physical injury and/or signs of excessive ingestion of alcohol or drugs (prescription or street).

*Signs may include:* slurred speech; incoherent or strange answers; aggression; lethargy; swearing; or emotions incongruent to the moment.

### If this is a medical emergency

- Remain CALM and relaxed; do not leave student alone
- Call 911
- Inform the school administrator
- Contact family (this call is to be made by the administrator or by an individual assigned by the administrator)

---

---

## Stage Two - If this is not a medical emergency (and you are **NOT** trained in H.E.L.P. Suicide Protocol)

- Remain CALM and relaxed; do not leave student alone
- Inform school administrator, counsellor or CYFSW to administer H.E.L.P. assessment

**Note** – If administrator, counsellor, or CYFSW are not immediately available:

- Do not leave the student alone
- Contact the Crisis Line 1-888-494-3888 (they will complete risk for suicide assessment and provide next step suggestions)
- Inform administrator and counsellor as soon as possible
- Contact family (this call is to be made by the administrator or an individual assigned by the administrator)

---

---

## Stage Three - If this is not a medical emergency (and you **ARE** trained in H.E.L.P. Suicide Protocol)

**Important** – Review intervention protocol and assessing risk before completing H.E.L.P. assessment

- Remain CALM and relaxed; do not leave the student alone
- H.E.L.P. Suicide Intervention Protocol: Internal Temperature Check Chart (page 2)
- H.E.L.P. Suicide Risk Assessment: The Internal Storm Chart (page 3)
- Complete H.E.L.P. Assessment – Assessor/District Document (pages 4 and 5)

---

---

## Stage Four - Review and Follow-up Action Plan

Once you have completed, signed, and forwarded copies of the H.E.L.P. Assessment – Assessor/District Document, refer to page 6: Student Stay Safe Plan \*Mandatory Contacts, Other Contacts, and Protective Factors

- Review – have all mandatory home and agency contacts been made?
- Do **Stay Safe Plan** – have student collaborate on plan e.g., internal/external options and concretely establish follow-up meetings.
- Make copies of page 6 for student, caregiver, assessor, and agency (if applicable).

---

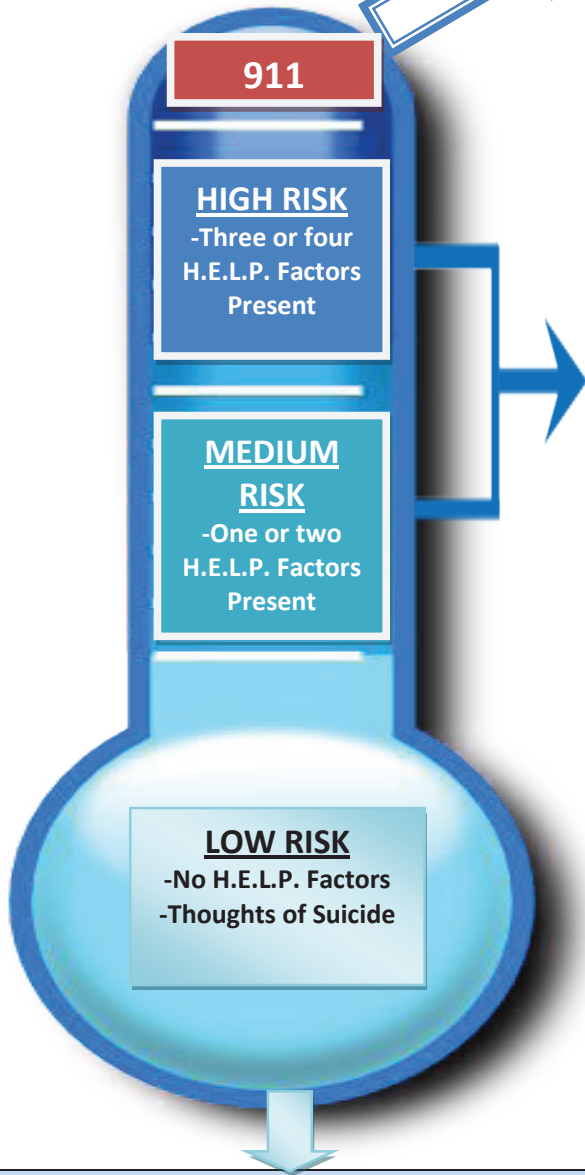
---

## If a Parent or Guardian is Contacted and Safety is a Concern

If there is a belief that a parent or guardian is unable or unwilling to ensure the safety of their child or youth who is at risk, a call must be made to the Ministry of Children and Family Development at 250 741-5444 or 250 741-5701.

# H.E.L.P. Suicide Intervention Protocol: Internal Temperature Check

**IF THIS IS A MEDICAL EMERGENCY:** Remain CALM and relaxed  
 1) Do not leave the student alone 2) Call 911 3) Inform school principal  
 4) Contact family (this call is to be made by the administrator or by an individual assigned by the administrator)



Medium and High Risk Response
Medium Risk = One or two H.E.L.P. factors present High Risk = Three or four H.E.L.P. factors present
*Remain CALM and relaxed; Do not leave the student alone; Go through entire H.E.L.P. process
*Call the Crisis Response Team (CRT) at pager 250-739-5757
*Leave your name, role, school and phone number, student name and their DOB, and brief details about the completed assessment, e.g., medium or high. STAY BY PHONE.
*Inform the School Administrator and Counsellor (Inform CYFSW, but only if student is on their caseload or no AO/Counsellor is available)
*Contact family (Contact should be made by the administrator or individual assigned by administrator)
*Establish follow-up safety/support plan in tandem with CRT and CYMH
*Provide student and parent with information regarding: -Crisis Line 1-888-494-3888 -Walk-In Crisis Counselling Clinic located at Brooks Landing Mall (203-2000 Island Hwy North) 10 am to 7pm, Monday to Friday -CYMH 250-741-5444; Aboriginal CYMH 250-741-5734
*Document using the HELP Assessment Tool
*Send the signed original to District Principal SSS in a sealed envelope marked confidential
*Keep a copy of the original for one year in a confidential, secured place

Low Risk Response
No H.E.L.P. factors; thoughts of suicide present
*Remain CALM and relaxed; Go through entire H.E.L.P. process
*Contact the parent/guardian
*Provide student and parent with contact number for Crisis Line 1-888-494-3888
*Provide information regarding Walk-In Crisis Counselling Clinic located at Brooks Landing Mall (203-2000 Island Hwy North) 10am – 7pm, M-F
*Establish follow-up and a safety/support plan
*Inform the School Administrator and Counsellor (Inform CYFSW only if student is on their caseload)
*Document using the H.E.L.P. Assessment Tool

**H.E.L.P. Model**

- (H) History
- (E) Emotional Hurting
- (L) Loss and Aloneness
- (P) Plan

**Factors**

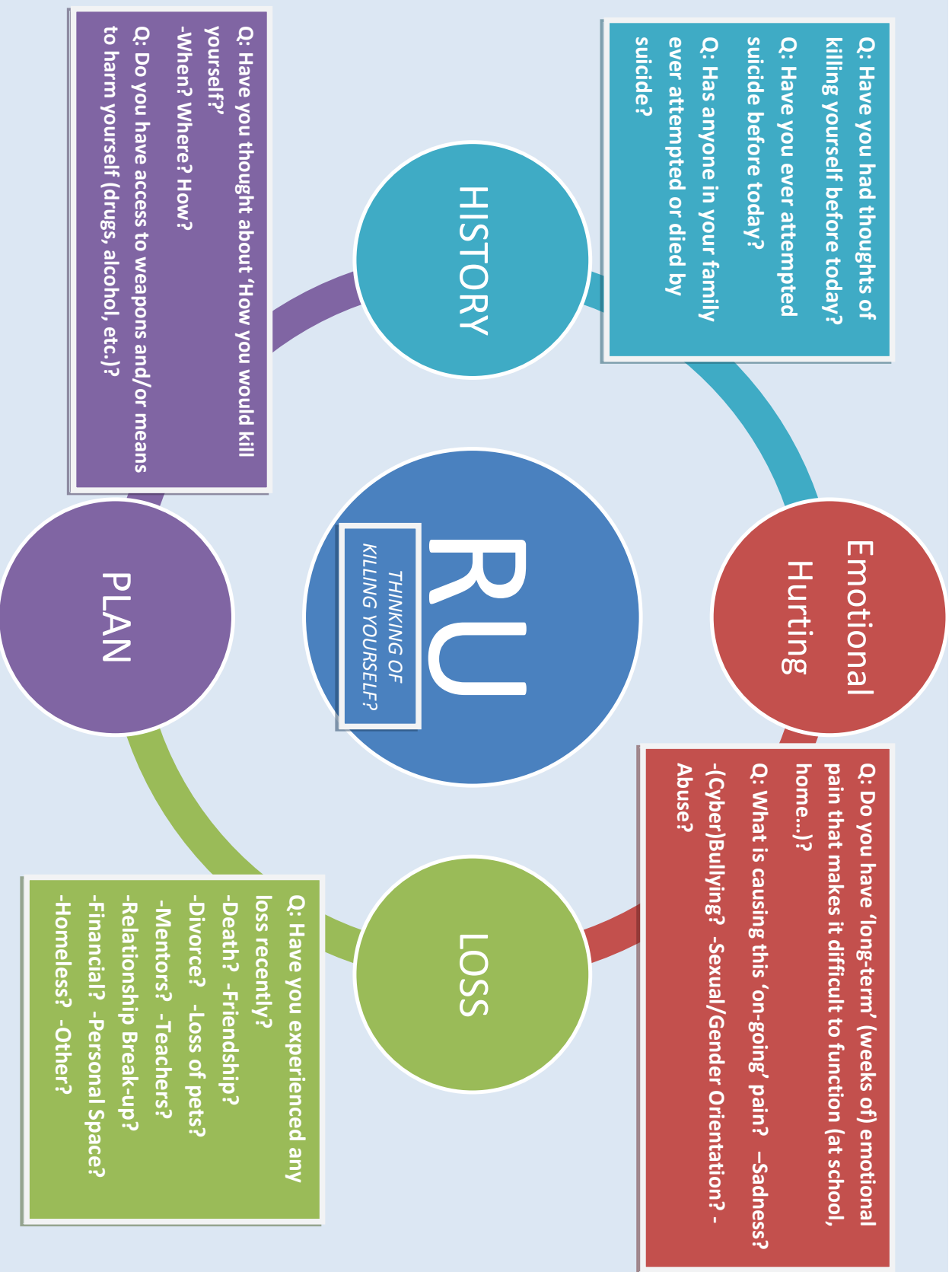
**LOW RISK** - No H.E.L.P. Factor currently present

**MEDIUM RISK** - One or two H.E.L.P. Factors present

**HIGH RISK** - Three or four H.E.L.P. Factors present



## H.E.L.P. Suicide Risk Assessment: The Internal Storm





# H.E.L.P. Assessment – Assessor/District Document

Nanaimo Ladysmith Public Schools

H.E.L.P. = History + Emotional Hurting + Loss + Plan

FIPPA Guidelines state that this form (pages 4, 5, and 6) must be:

1. Completed and signed by the assessor;
2. Signed and dated by the School Principal;
3. Forwarded to the SSS District Principal in a sealed envelope marked confidential;
4. Copied and stored confidentially and securely for a period of no less than one year from date of completion by the individual conducting the assessment.

Do not place in student's general or designation file

Name of Student \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Student's School \_\_\_\_\_ School Phone \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_ Parent/Guardian (Mother) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_ Address \_\_\_\_\_  
 Parent/Guardian (Father) \_\_\_\_\_ Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_

## Stage One – Complete H.E.L.P. Assessment (Page 5)

## Stage Two – Upon Completion of H.E.L.P. Assessment (indicate assessment below)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> LOW RISK    | No H.E.L.P. factor currently present   |
| <input type="checkbox"/> MEDIUM RISK | One or two H.E.L.P. factors present    |
| <input type="checkbox"/> HIGH RISK   | Three or four H.E.L.P. factors present |

## Stage Three – Signatures

Form and assessment completed by \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Role \_\_\_\_\_  
 Principal's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_

## Stage Four – Complete Assessment

<b>Send to...</b>	<b>Task</b>	<b>Date (required)</b>
Originals to SSS District Principal	✓ pages 4, 5, and 6 – in a sealed envelope marked confidential	_____
Copy for Assessor	✓ stored confidentially and securely for a period of no less than one year from date of completion by the individual conducting the assessment	_____



